APPLICATION FOR USE OF CITY ATHLETIC FACILITIES



Facility Requested_					
Date(s) of Use (attac	ch schedule	if needed)			
Time of Use (including set-up and take-down): from					to
Type of Event/Activity					
Applicant/Contact Po	erson _(w)				_Phone:
Applicant's Address				City/Zip	
Applicant's Email Ac	ldress				
4. Estimated Atten5. Sponsoring Organization	ults pen to the pu 4J or Bethe dance	I 52 School D	istrict ac	ctivity? Yes	No
Phone					
Address City/Zip					
paid. The City no. 3. The deposit will a. Cancellation b. The facility is c. Cancellation 4. The applicant is City will bill appl 5. The LRCS staff terms of this app	st be submitted in the submitted in the state of the submitted in the subm	le more than fright to cancel under the follo occurs more condition and actions of the for set-up, cleages or losse right to monit	reserva reserva owing co than thre is left use City. an-up, a s in exc or the e	nonths in advance ation if field condite anditions: ee (3) weeks in a andamaged. and any damages eess of the deposi	dvance. to the facilities resulting from its use of the facility. t. or compliance with the regulations, policies and
Release From Liability Agreement I certify that the above statements are true to the best of my knowledge and that I agree to be bound by the above regulations and					
policies. I understand that violation of any of these regulations and policies may result in the immediate termination of the event, forfeiture of deposit, legal responsibility for damages in excess of the deposit, and will jeopardize future use of the facility.					
I shall indemnify and hold City, its officers, agents, and employees harmless from any and all claims, actions, liabilities, costs, including attorney fees and other costs of defense, arising out of or related to the activities of myself and the other participants during our use of the facility under this application.					
	jury and prope				insurance with limits of no less than \$500,000 combined mary to the City's insurance. The City will also be
					participation in, deny anyone the benefits of, or national origin, age or disability.
I understand that the C	City is not a sp	onsor of this ac	tivity, no	r will it provide any	supervision of the activity.
I further understand the application and that I a					condition of the facilities or equipment covered by this own risk.
Applicant's Signature					Date Signed
	* *	* * * * * * * * * * * * * * * * * * *	OR DEP	ARTMENT USE	ONLY* * * * * * * * *
Application Approve	d: Yes	No	By		Date
Facility Deposit Key Deposit Facility Charge	<u>Amount</u>	Date Pd.	<u>Int</u> 	Refund ———	Rate Per Hour \$ Number of Hours NOTES:
Lights					

Proof of Insurance Provided: Yes_____ No____ N/A____